

# **Emerging and Re-Emerging Infectious Diseases: Public Health Perspective**

Saurabh R. Shrivastava, Prateek S. Shrivastava, Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Ammapettai, Chennai, Tamil Nadu, India

## Date of Submission: Mar 16, 2013

Date of Acceptance: May 18, 2013

### Correspondence to:

Dr. Saurabh R Shrivastava, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Ammapettai Village, Thiruporur - Guduvancherry Main Road, Sembakkam Post, Kancheepuram - 603 108, Tamil Nadu, India, India. E-mail: drshrishri2008@gmail.com

How to cite this article: Shrivastava SR, Shrivastava PS, Ramasamy J. Emerging and re-emerging infectious diseases: Public health perspective. Int J Prev Med 2013;4:736-7.

# Letter to Editor

## **DEAR EDITOR,**

There have been threats of new diseases emerging due to the evolution/adaptation of microbes and the re-emergence of old diseases due to the development of antimicrobial resistance.<sup>[1]</sup> Many factors have contributed to the emergence of infectious disease such as unplanned and under-planned urbanization; increased exposure of humans to disease vectors/reservoirs; rapid population growth; inadequate public health infrastructure and irrational antibiotics usage.<sup>[2,3]</sup> The impact of the emerging and re-emerging diseases has been enormous at socio-economic and public health levels and it presents a great challenge for the future.<sup>[3]</sup> Their control requires continuing surveillance, research and training, better diagnostic facilities and remodeled, and well-equipped public health system.

There has been an extensive progress in the prevention, control and even elimination of some infectious diseases with improved hygiene and sanitation practices along with the development of antimicrobials and vaccines.<sup>[1]</sup> However, they still remain a major public health concern, especially in the developing world, in view of the associated high morbidity and mortality. Moreover, there have been threats of new diseases emerging due to the evolution/ adaptation of microbes and the re-emergence of old diseases due to the development of antimicrobial resistance.<sup>[1]</sup> Emerging or reemerging infectious diseases are those diseases whose incidence has increased in a defined time period and location. If the disease was unknown in a location before, the disease is considered to be emerging. However, if the disease had been present at the location in the past and was considered eradicated or controlled, the disease is considered to be re-emerging.<sup>[4]</sup> Identification of an emerging disease can occur because of disease showing its presence in population for the first time;<sup>[4]</sup> or being detected for the first time; or the link between an infectious agent and a chronic disease or a syndrome has recently been established.<sup>[2]</sup> Multiple hypothesis such as human activity; seasonal variability in human immune system function; seasonal variations in vitamin D levels; seasonality of melatonin; and pathogen infectivity have been proposed that can influence the seasonal patterns of infectious diseases.<sup>[5]</sup>

One of the goals of infectious disease

management is the development and production of countermeasures for reducing the magnitude of the problem. Although emergence and reemergence of infectious disease is a significant public health priority, countermeasures in response to emerging pathogens were inadequate and variable among state health departments.<sup>[6]</sup> As the epidemiological determinants for most of the infectious diseases are well-known, comprehensive plans and policies for intervention strategies can be developed, encompassing surveillance and response (early detection, prompt investigation and monitoring emerging pathogens, the diseases they cause and the factors influencing their emergence); prevention and control measures (enhancing communication of public health information about emerging diseases and ensuring prompt implementation of prevention strategies); infrastructure (strengthening of public health infrastructure to support surveillance and implementing prevention and control programs); applied research (integrating laboratory science and epidemiology to optimize public health practice and promotion of communication of research findings for the masses);<sup>[7-9]</sup> development of newer vaccines against emerging diseases; efficient implementation of international health regulations; frame-work for promoting international cooperation and involvement of all stakeholders; and rational use of antimicrobials to prevent emergence of drug resistance.<sup>[2,10]</sup>

The impact of the emerging and re-emerging diseases has been enormous at socioeconomic and public health levels and it presents a great challenge for the future. Their control requires continuing surveillance, research and training, better diagnostic facilities and remodeled & well-equipped public health system.

# REFERENCES

- 1. Jones KE, Patel NG, Levy MA, Storeygard A, Balk D, Gittleman JL, *et al.* Global trends in emerging infectious diseases. Nature 2008;451:990-3.
- 2. Morse SS. Factors in the emergence of infectious diseases. Emerging Infectious Diseases 1996;1:7-15.
- Kilpatrick AM, Randolph SE. Drivers, dynamics, and control of emerging vector-borne zoonotic diseases. Lancet 2012;380:1946-55.
- 4. Wang C, Xu J, Zhou X, Li J, Yan G, James AA, *et al.* Strongyloidiasis: An emerging infectious disease in china. Am J Trop Med Hyg 2013;88:420-5.
- 5. Fares A. Factors influencing the seasonal patterns of infectious diseases. Int J Prev Med 2013;4:128-32.
- Guh AY, McDonald LC, Sinkowitz-Cochran R. Assessment of public health perspectives on responding to an emerging pathogen: Carbapenem-resistant enterobacteriaceae. J Public Health Manag Pract 2013:1-6.
- 7. Ashoorkhani M, Gholami J, Majdzadeh R. Do we transfer health research results to people? Int J Prev Med 2011;2:103-4.
- Baneshi MR, Nakhaee F, Law M. On the use of fractional polynomial models to assess preventive aspect of variables: An example in prevention of mortality following HIV infection. Int J Prev Med 2013;4:414-9.
- Sadeghi MMM, Sadri A, Mirdamadi A, Nasab MRS, Majidi E, Sadeghi PMM. Infectious endocardial intracardiac defibrillator lead, infectious pericarditis, and delayed constrictive pericarditis. Journal of Research in Medical Sciences 2013;18:260-3.
- Moro ML, Ricchizzi E, Morsillo F, Marchi M, Puro V, Zotti CM, *et al.* Infections and antimicrobial resistance in long term care facilities: A national prevalence study. Ann Ig 2013;25:109-18.

Source of Support: Nil, Conflict of Interest: None declared.